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## IMAGES ARE BEST AVAILABLE COPY.

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# APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

JUN 0 3 2004 W

| miventors are married be   | iow) of the s                     | ubject matter which                          | is claimed and for w                           | hich a patent is s                    | below) or an original, first and sought on the invention entitled ION VALUE SETTING METH   | 1.1   |
|--|-----------------------------------|--|--|---------------------------------------|--|---|
| described and claimed  | in the specifi                    | cation:                                      | D, AND AMILLIO                                 | DE EVALUAT.                           | ION VALUE SETTING METE   | IOD   |
| Check one *a. [] attache   | d hereto                          |  |  |                                       |  |   |
|  |                                   | 03 as Application S                          | Serial No. <u>10/611,43</u>                    | 3 and amended                         | On :   |   |
|  |                                   |  |  | <u> </u>                              | (if applicable)  |   |
| I hereby state t<br>amendment referred to                              | hat I have rev<br>above.          | riewed and understar                         | nd the contents of the                         | above-identified                      | dapplication, including the clair  | ms, as amended by any                         |
| I acknowledge<br>with Title 37, Code of F<br>filed within one year pri | ederai Kegu                       | iations, § 1.36(a). Ui                       | nder Title 35 U.S. Co                          | which is materiande §119, the pr      | al to the examination of this app<br>iority benefits of the following  | lication in accordance foreign application(s) |
|  |                                   | Japanese Patent Ap                           | oplication No. 2002-1                          | 92954 filed Jul                       | y 2, 2002.   |   |
| The following<br>American either (a) mor                               | applications<br>e than one ye     | for patent or inven                          | tor's certificate on th                        | is invention we<br>the filing date o  | ere filed in countries foreign to<br>f the above-named foreign prio  | o the United States of ority application(s):  |
| 2 If there are no corresp<br>insert "NONE".                            |                                   | ications,                                    | None.  |                                       |  |   |
| I hereby appoir  | nt the followine Patent Off       | ng as my attorneys c                         | of record with full pov                        | wer of substitution                   | on and revocation to prosecute t   | his application and to                        |
| -  | Roger W                           | . Parkhurst, Reg. No                         | o. 25,177; and/or Cha                          | arles A. Wendel.                      | Reg. No. 24.453.   |   |
| ALL CORI<br>PARKHURST & V<br>(703) 739-0220.                           | RESPONI<br>WENDEL                 | DENCE IN CO<br>, L.L.P., 1421 P              | NNECTION WI<br>rince Street, Sui               | TH THIS A<br>te 210, Alexa            | PPLICATION SHOUL<br>andria, Virginia 22314-2   | D BE SENT TO<br>2805 Telephone:               |
| mowledge are true and t<br>he knowledge that willfi                    | hat all statem<br>ul false stater | ents made on inforn<br>nents and the like so | nation and belief are l<br>made are punishable | pelieved to be tra<br>by fine or impr | on, and that all statements madue; and further that these statemers isonment, or both, under Sections application or any patent issues | nents were made with                          |
| Typewritten Full Name  | e of                              |  |  |                                       |  |   |
| Sole or First Inventor   | <u></u>                           | Akihiro<br>Given Name                        | MODEL TO ST                                    | _                                     | SUZUKI   | <del></del>                                   |
|  |                                   |  | Middle Initial                                 |                                       | amily Name   |   |
| 4 Inventor's Signature   | æ                                 | Akihiro                                      |  | Suz                                   | ufi  |   |
| 5 Date of Signature  | œ                                 | Apri/  | 26   | 2004                                  |  |   |
|  |                                   | Month  | Day  | Year                                  |  |   |
| Residence  | Osaka-shi                         |  |  |                                       | Japan  |   |
| Citizenship  | City<br>Japanese                  | State of                                     | r Province                                     | (                                     | Country  |   |
| Post Office Add  | mailing                           |  | Hoshin, Higashiyodo                            | gawa-ku, Osaka                        | a-shi  |   |
| address, includi   | ng country)                       | Osaka 533-00                                 | 014 Japan                                      |                                       |  |   |

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*\*Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

### PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

| 3 Typewritten Full Name of<br>Second Joint Inventor (if any)             | Keiichi             |  | KUZUMOTO                              |
|--|---------------------|--|---------------------------------------|
| ( <b></b> )  | Given Name          | Middle Initial                         | Family Name                           |
| 4 Inventor's Signature   | Keiichi             | Kuzumoto                               |                                       |
| 5 Date of Signature  | April               | 26                                     | 200 4                                 |
|  | Month               | Day                                    | Year                                  |
| 5 Residence  | Neyagawa-shi        |  | Japan                                 |
| 7 Citizenship <u>Japanese</u>  | City State          | or Province                            | Country                               |
| Post Office Address (Insert complete mailing address, including country) | 7-6-201, Korishinma | achi, Neyagawa-shi, Os                 | saka 572-0085 Japan                   |
| Typewritten Full Name of Third Joint Inventor (if any)                   | Given Name          | Middle Initial                         | Family Name                           |
| 4 Inventor's Signature   |                     |  | •                                     |
| 5 Date of Signature  | Month               |  | · ·                                   |
| ( D. )   | ·                   | Day                                    | Year                                  |
| 6 Residence  | City State          | or Province                            | Country                               |
| 7 Citizenship  |                     |  |                                       |
| Post Office Address (Insert complete mailing address, including country) |                     | ······································ |                                       |
| Typewritten Full Name of Fourth Joint Inventor (if any)                  | Given Name          |  | · · · · · · · · · · · · · · · · · · · |
|  | Given Name          | Middle Initial                         | Family Name                           |
| 4 Inventor's Signature   |                     | <del></del>                            |                                       |
| Date of Signature  | Month               | Day                                    | Year                                  |
| S Residence  |                     | ,                                      |                                       |
| Citizenship  | City State          | or Province                            | Country                               |
| B Post Office Address  |                     |  |                                       |
| (Insert complete mailing address, including country)                     |                     |  |                                       |
| 3 Typewritten Full Name of Fifth Joint Inventor (if any)                 |                     | <u> </u>                               |                                       |
|  | Given Name          | Middle Initial                         | Family Name                           |
| Inventor's Signature   |                     |  |                                       |
| Date of Signature  | Month               | Day                                    | Year                                  |
| i Residence  |                     |  |                                       |
| Citizenship  | City State          | or Province                            | Country                               |
| Post Office Address (Insert complete mailing                             |                     |  |                                       |

<sup>\*</sup>Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

\*\*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.





#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Akihiro SUZUKI et al.

Serial No.: 10/610,433- 10/611,433

Filed: July 2, 2003

For: DATA SLICER, DATA SLICING METHOD, AND

AMPLITUDE EVALUATION VALUE SETTING METHOD

# NOTIFICATION OF PRIOR SUBMISSION OF ORIGINAL EXECUTED DECLARATION

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

#### Sir:

In response to the Notice to File Missing Parts dated November 5, 2003, applicants' representatives filed all the requested documents with the USPTO on August 20, 2003. Attached hereto are photocopies of applicants' representatives' postcard receipt, Submission of Original Executed Declaration with executed Declaration and the PTO's copy of the Notice to File Missing Parts.

The PTO is requested to telephone the undersigned should they have any questions regarding this submission.

Respectfully submitted,

PARKHURST & WENDEL, L.L.P.

November 12, 2003

Date

Roger W. Parkhurst

Registration No. 25,177

Attorney Docket No. HYAE: 166

PARKHURST & WENDEL, L.L.P. 1421 Prince Street, Suite 210 Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220



#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Akihiro SUZUKI et al.

Serial No.: 10/610,438 /0/611,433

Filed: July 2, 2003

For: DATA SLICER, DATA SLICING METHOD, AND AMPLITUDE EVALUATION VALUE SETTING METHOD

#### SUBMISSION OF ORIGINAL EXECUTED DECLARATION

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The above-identified application was duly filed on July 2, 2003 without an executed Declaration. Accordingly, submitted herewith is a fully executed Declaration of the inventors. Attached is our check for \$130.00 to cover the payment of the fee in accordance with 37 CFR 1.16(e). Also attached is our check for \$40.00 to cover the payment for recording the executed Assignment. Also included in our check is the full filing fee for this application.

) r (

Serial No.: 10/610,433- 10/611,433

Entry of these documents should complete all of the filing formalities. Accordingly examination and allowance of the application in due course are respectfully solicited.

All correspondence should be sent to applicants' representative at the address indicated below.

The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 16-0331. A duplicate copy of this letter is attached.

Respectfully submitted,

PARKHURST & WENDEL, L.L.P.

August 20, 2003

Date

Roger W. Parkhurst

Registration No. 25,177

RWP/mhs

Attorney Docket No.: HYAE:166

PARKHURST & WENDEL, L.L.P. 1421 Prince Street, Suite 210 Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220

### r claration and Power of At nev

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

an original first and joint invasors

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in cordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign plication(s) filed within one year prior to this application are hereby claimed:

Japanese Patnet Application No. 2002-192954 filed July 2, 2002

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of merican either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453.

# ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT O PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805 elephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own lowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made ith the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Typewritten Full Sole or First Inve |                                     | Akihiro            |                       | SUZUKI         |  |
|-------------------------------------|-------------------------------------|--------------------|-----------------------|----------------|--|
|                                     |                                     | Given Name         | Middle Initial        | Family Name    |  |
| · Inventor's Signa                  | ture 🖙                              | Akihiro Su         | zuki                  |                |  |
| Date of Signatur                    | e 168°                              | August 4,          | 2003                  |                |  |
|                                     |                                     | Month              | Day                   | Year           |  |
| Residence _                         | Osaka-s                             | hi                 |                       | Japan          |  |
| Citizenship _                       | City<br>Japanese                    | State or Prov      | rince                 | Country        |  |
| Post Offic                          | ·                                   | 1-20-15-503, Hoshi | in, Higashiyodogawa-l | ku, Osaka-shi, |  |
| •                                   | nplete mailing<br>scluding country) | Osaka 533-0014 JAI | PAN                   |                |  |

his form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked. Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ⋈

| Typewritten Full Name of  | (Disca             | rd this page in a | sole inventor app'         | ation)            |       |
|---|--------------------|-------------------|----------------------------|-------------------|-------|
| Second Joint Inventor (if any   | ·)                 | <u> </u>          |                            | KUZUMOTO          |       |
|   |                    | Given Name        | Middle Initial             | Family Name       | 2     |
| nventor's Signature   | <del></del>        | Keeichi           | Kuzumots                   |                   |       |
| Date of Signature   | Manuk              | agurt             | 4                          | 2003              |       |
|   | Month              |                   | Day                        |                   | Year  |
| Residence   | Neyagawa<br>· City |                   | Province                   | Japan             |       |
| Citizenship <u>Japane</u>   |                    | State of          | FIOVINCE                   | Country           |       |
| Post Office Address<br>(Insert complete maili<br>address, including cou     | ng .               | 201, Korishinmac  | hi, Neyagawa-shi,          | Osaka 572-0085 JA | APAN  |
| ypewritten Full Name of hird Joint Inventor (if any)                        |                    |                   |                            |                   |       |
| nventor's Signature 🖙   |                    | Given Name        | Middle Initial             | Family Name       |       |
|   | <del>1774 :</del>  |                   |                            |                   |       |
| ate of Signature ===  | Month              |                   | Day                        |                   | Year  |
| esidence  | <del></del>        |                   |                            |                   | - 041 |
| itizenship  | City               | State or          | Province                   | Country           |       |
| Post Office Address<br>(Insert complete mailin<br>address, including cour   | ng .<br>ntry)      | ·                 |                            |                   |       |
| pewritten Full Name of urth Joint Inventor (if any)                         |                    | Given Name        |                            |                   |       |
| ventor's Signature  |                    | Given Name        | Middle Initial             | Family Name       |       |
|   |                    |                   |                            |                   |       |
| ate of Signature ===_   | Month              |                   | De-                        |                   |       |
| sidence   | 77707141           |                   | Day                        |                   | Үеаг  |
|   | City               | State or P        | rovince                    | Country           |       |
| tizenship   |                    |                   |                            | · ·               |       |
| Post Office Address (Insert complete mailing                                |                    |                   |                            |                   |       |
| address, including coun   |                    |                   |                            |                   | ···   |
| pewritten Full Name of<br>th Joint Inventor (if any)                        |                    |                   |                            |                   |       |
| •   |                    | Given Name        | Middle Initial             | Family Name       |       |
| ventor's Signature ==   |                    |                   |                            |                   |       |
| te of Signature 🖙   |                    |                   |                            |                   |       |
|   | Month              |                   | Day                        |                   | Year  |
| sidence   | 0.                 |                   |                            |                   |       |
| zenship   | City               | State or Pr       | rovince                    | Country           |       |
| Post Office Address<br>(Insert complete mailing<br>address, including count |                    |                   | and insert the sexual date |                   | -1    |

te to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. his form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) ne application to which it pertains.





#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Akihiro SUZUKI et al.

Serial No.: <del>10/610,433</del> /0/6/1,433

Filed: July 2, 2003

For: DATA SLICER, DATA SLICING METHOD, AND

AMPLITUDE EVALUATION VALUE SETTING METHOD

#### SUBMISSION OF ORIGINAL EXECUTED DECLARATION

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The above-identified application was duly filed on July 2, 2003 without an executed Declaration. Accordingly, submitted herewith is a fully executed Declaration of the inventors. Attached is our check for \$130.00 to cover the payment of the fee in accordance with 37 CFR 1.16(e). Also attached is our check for \$40.00 to cover the payment for recording the executed Assignment. Also included in our check is the full filing fee for this application.

Serial No.: 10/610,433 10/611, 433

Entry of these documents should complete all of the filing formalities. Accordingly examination and allowance of the application in due course are respectfully solicited.

All correspondence should be sent to applicants' representative at the address indicated below.

The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 16-0331. A duplicate copy of this letter is attached.

Respectfully submitted,

PARKHURST & WENDEL, L.L.P.

August 20, 2003

Date

Roger W. Parkhurst

Registration No. 25,177

RWP/mhs

Attorney Docket No.: HYAE:166

PARKHURST & WENDEL, L.L.P. 1421 Prince Street, Suite 210 Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220 APPLICATION FOR UNITED STATES PATENT
P claration and Power of At' ney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DATA SLICER, DATA SLICING METHOD, AND AMPLITUDE EVALUATION VALUE SETTING METHOD

described and claimed in the specification:

Check one

\*a. [] attached hereto.

b. [A] filed on July 2, 2003

as Application Serial No. 10/610, 433 a

\_ and amended on

f applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

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The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of American either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2 If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453.

# ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| 3 Typewritten Full Name of Sole or First Inventor |                                    | Akihiro             |                     | SUZUKI         |             |
|---|------------------------------------|---------------------|---------------------|----------------|-------------|
| •   |                                    | Given Name          | Middle Initial      | Family Name    | <del></del> |
| *4 Inventor's Sign                                | ature 🖙                            | Akihiro Suz         | uki`.               |                |             |
| 5 Date of Signatu                                 | иге 🖙                              |                     | 2003                |                |             |
|   |                                    | Month               | Day                 | Year           |             |
| 6 Residence                                       | Osaka-s                            | ni                  | •                   | Japan          |             |
| 7 Citizenship                                     | City<br>Japanese                   | State or Provin     | nce                 | Country        | · · · · · · |
| B Post Office Address                             |                                    | 1-20-15-503, Hoshin | , Higashiyodogawa-k | ku, Osaka-shi, |             |
| ' <del>-</del> '                                  | omplete mailing including country) | Osaka 533-0014 JAPA | N                   |                |             |

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

### PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor app'-ation)

| Second Joint Inventor (if any)   |             | Keiichi        |                               |                     |      |
|--|-------------|----------------|-------------------------------|---------------------|------|
|  |             | Given Name     | Middle Initial                | KUZUMOTO            |      |
| Invento de Cia   |             | Keirchi        | 1,                            | Family Name         |      |
| Inventor's Signature   | <del></del> | ready          | Kuzumots                      |                     |      |
| Date of Signature  |             | agart          | 4                             | 2003                |      |
|  | Month       | V              | Day                           |                     | Year |
| Residence  | Neyagawa    | -shi           | <u> </u>                      | Japan               |      |
| Citizenship <u>Japanese</u>  | City        | State o        | r Province                    | Country             |      |
| Post Office Address (Insert complete mailing address, including country  | _           | 01, Korishinma | chi, Neyagawa-shi, Os         | aka 572-0085 JAPAN  |      |
| Typewritten Full Name of<br>Third Joint Inventor (if any)  |             |                |                               |                     |      |
| •  |             | Given Name     | Middle Initial                | Family Name         |      |
| Inventor's Signature   |             |                |                               |                     |      |
| Date of Signature  |             |                |                               |                     |      |
|  | Month       |                | Day                           | 3                   | ear  |
| Residence  |             |                |                               |                     |      |
| Citizenship  | City        | State of       | r Province                    | Country             |      |
| Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of  | )           |                |                               |                     |      |
| Fourth Joint Inventor (if any)   | <u> </u>    |                |                               |                     |      |
|  |             | Given Name     | Middle Initial                | Family Name         |      |
| Inventor's Signature   |             | Given Name     | · Middle Initial              | Family Name         |      |
|  | Month       | Given Name     |                               |                     |      |
| Date of Signature  | Month       | Given Name     | Middle Initial  Day           |                     | ear  |
| Date of Signature  |             |                | Day                           | Y                   | ear  |
| Date of Signature  | Month       |                |                               |                     | ear  |
| Date of Signature  Residence  Citizenship  Post Office Address   |             |                | Day                           | Y                   | ear  |
| Date of Signature  Residence  Citizenship  | City        |                | Day                           | Y                   | ear  |
| Date of Signature  Residence  Citizenship  Post Office Address (Insert complete mailing address, including country)  Typewritten Full Name of                                | City        |                | Day                           | Y                   | ear  |
| Date of Signature  Residence  Citizenship  Post Office Address (Insert complete mailing address, including country)  Typewritten Full Name of                                | City        |                | Day                           | Y                   | ear  |
| Post Office Address (Insert complete mailing address, including country)  Typewritten Full Name of Fifth Joint Inventor (if any)   | City        | State or       | Day Province  Middle Initial  | Country             | ear  |
| Residence Citizenship  Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any)                       | City        | State or       | Day Province  Middle Initial  | Country Family Name | ear  |
| Residence Citizenship  Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any)                       | City        | State or       | Day Province  Middle Initial  | Country Family Name | ear  |
| Residence Citizenship  Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any)  Inventor's Signature | City        | State or       | Province  Middle Initial  Day | Country Family Name |      |
| (Insert complete mailing address, including country)  Typewritten Full Name of Fifth Joint Inventor (if any)  Inventor's Signature   | City        | State or       | Day Province  Middle Initial  | Country Family Name |      |

<sup>\*\*</sup>This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.